System Inputs

- 1. External evidence synthesis processes, e.g., Cochrane systematic reviews. EPCs
- 2. Externally developed protocols, e.g., from existing systems Nova Scotia
- 3. Prehospital components of externally developed guidelines, e.g., AHA, NAEMSP. BTF. NICE, NZGG
- 4. Scope of practice & national EMS education standards
- 5. Individual researchers, medical directors & providers
- 6. Academic institutions



EMS Evidence Accumulation, **Evaluation & GL Initiation**

- 1. Accept proposals for GL topics
- 2. Identify existing systematic reviews.
- 3. Recommend need for or conduct systematic review
- * COI/Disclosure required for all participants, including submitters



- 1. Evaluate quality of evidence and guidelines, e.g. AGREE
- 2. Recommend topics for further GL development
- 3. Archive material not selected for further development

Guideline Development

- 1. Document risks & benefits of intervention. First do no harm.
- 2. Develop strength of recommendation, e.g., GRADE
- 3. Document rationale for "no recommendation"; disseminate.
- 4. EMS "contextualization"
- 5. Write or endorse quideline
- 6. Provide feedback to originating institution or organization

Model EMS Protocol Development

Draft National Model

Evidence-based Guidelines

Development Process

- 1. EMS"contextualization"
- 2. Clinical implications of strength of recommendation



Evaluation of Effectiveness. Outcomes/ Clinical Research QI Evaluations

- 1. GL/protocol pilot testing/feasibility studies (may occur during development process)
- 2. Monitor local QI benchmarks & indicators. QI processes at all levels
- 3. Apply NEMSIS data in evaluation process.
- 4. Outcomes research: EMSOP local, regional statewide, national
- 5. Clinical research of specific questions
- 6. Systems research (See EMSOP II & IV)
- 7. Cost effectiveness, cost-utility analyses, cost-benefit (See EMSCAP papers)
- 8. Implementation research analysis of barriers & facilitators to implementation

Implementation

- 1. Linked to National EMS Provider Certification/ Recertification
- 2. Linked to National EMS Agency accreditation
- Development of GL implementation "tool kits," webinars, manuals, integration in local protocols
- 4. Partnerships with national orgs. to facilitate interpretation, application & medical direction.
- 5. Potentially linked to funding and reimbursement, e.g., CMS, 3rd party
- 6. Development of health informatics & clinical decision support software.
- 7. Develop QI measures & tools local, regional, state & tribal

Dissemination of Guidelines/Protocols

- 1. Linked to EMS Education Agenda for the Future → Core Content → Scope of Practice Model → National EMS Education Standards
- 2. Linked to National EMS Education Program Accreditation
- 3. Publications: peer-reviewed journals, trade press, textbooks, govt. reports.
- 4. New products: educational materials, QI improvement materials
- 5. Target stakeholder organizations
- 6. Multimedia approach: ems.gov, podcasts, etc.





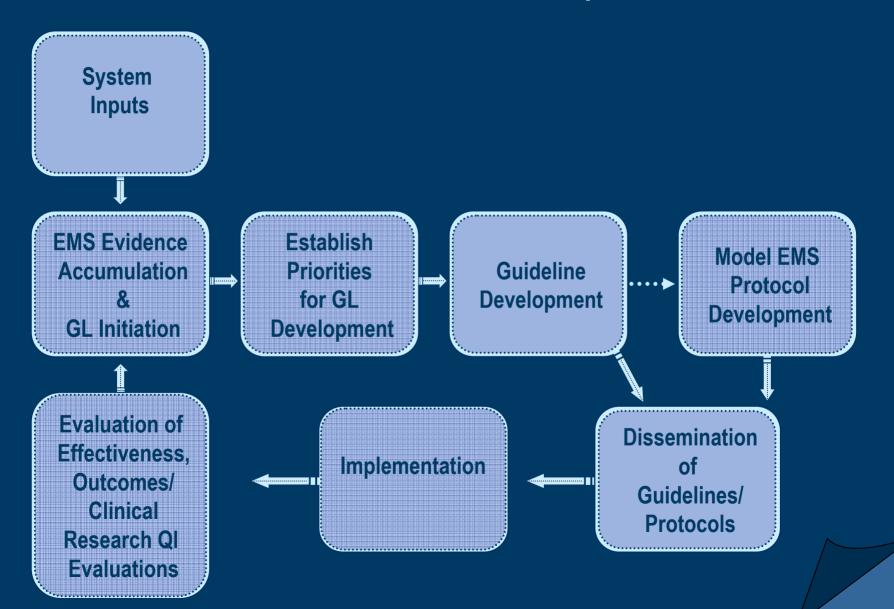






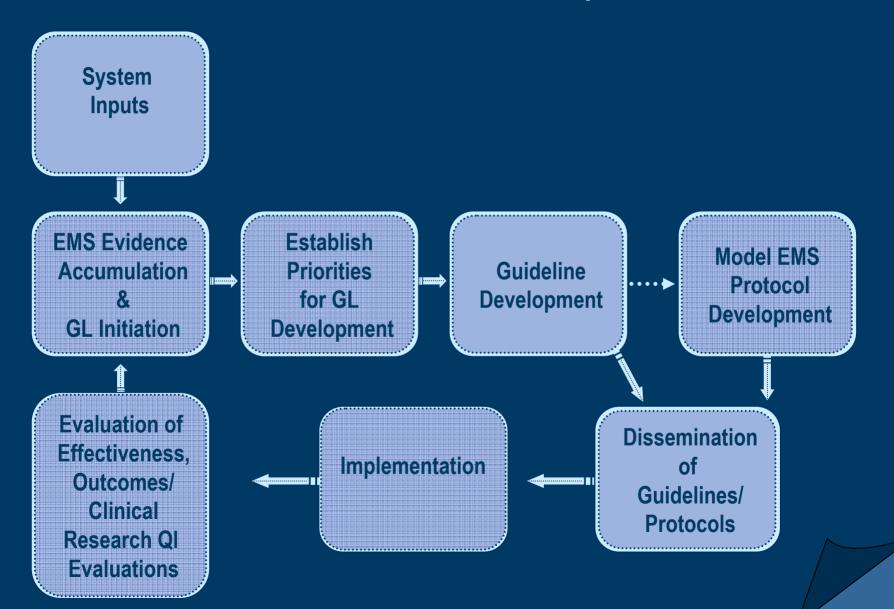






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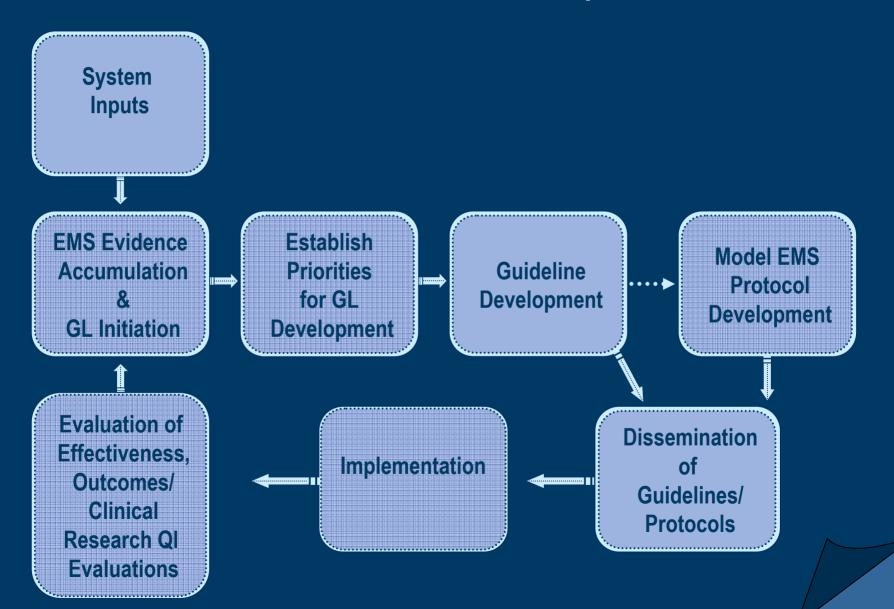




EMS Evidence Accumulation, Evaluation & GL Initiation

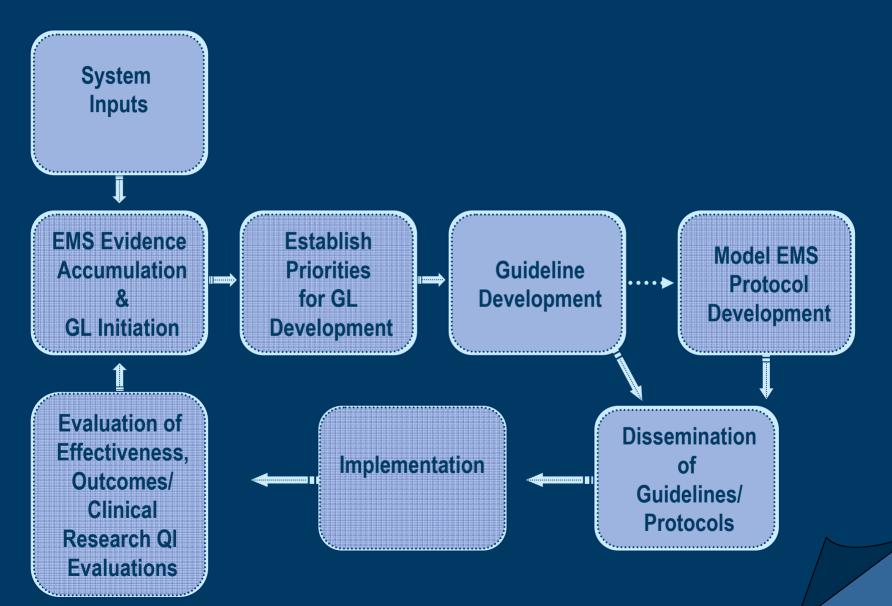
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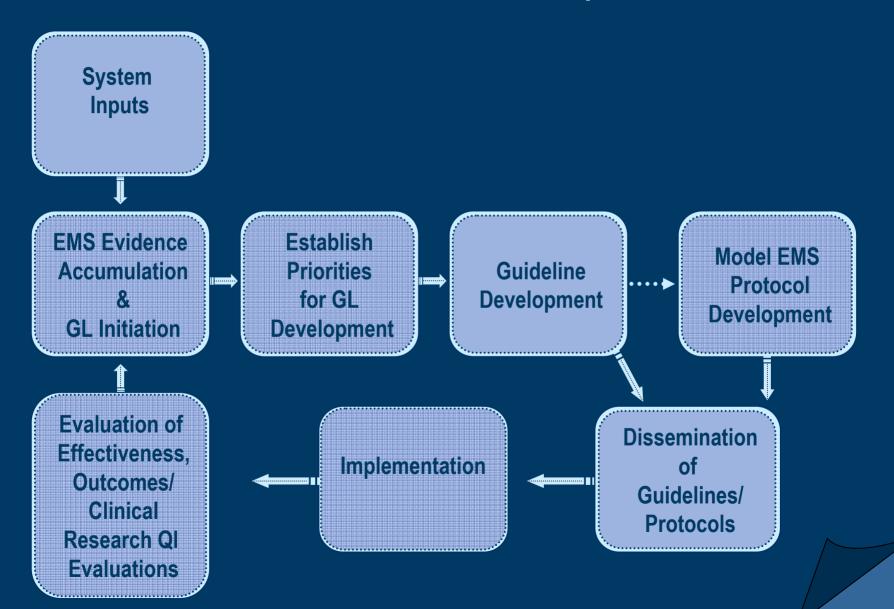
Establish Priorities for GL Development

- Evaluate quality of evidence supporting extant GLs (e.g., AGREE methodology)
- Evaluate evidence for potential guidelines
- Recommend topics for further GL development
- Archive material not selected for reference and future development



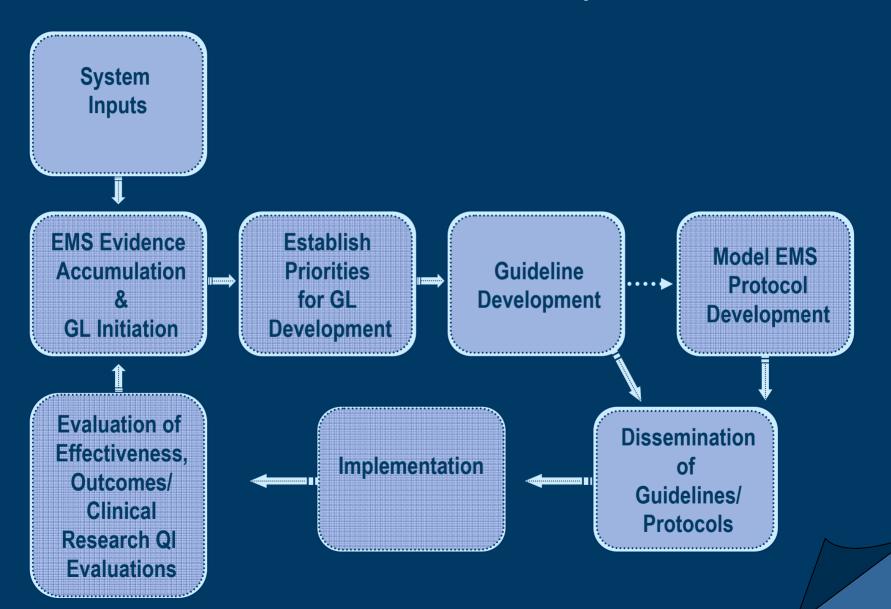
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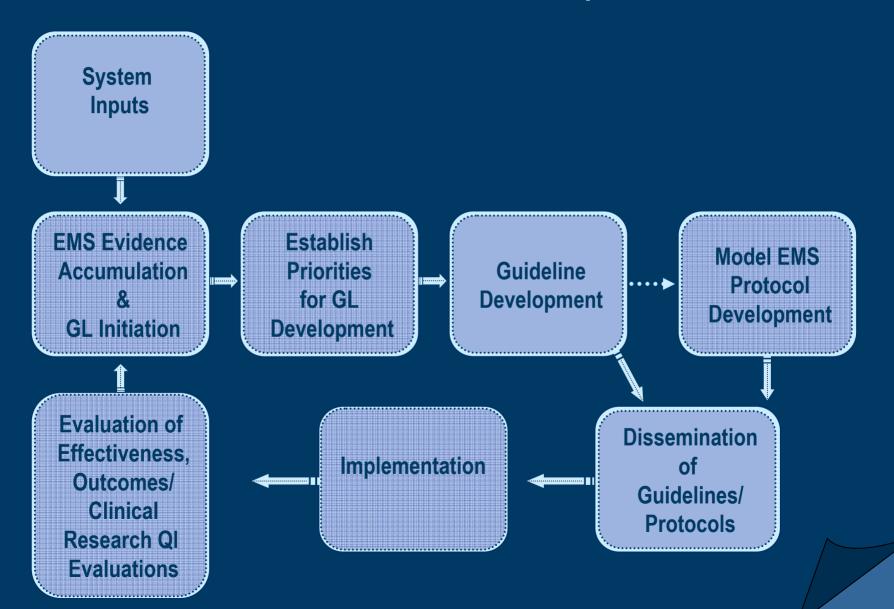
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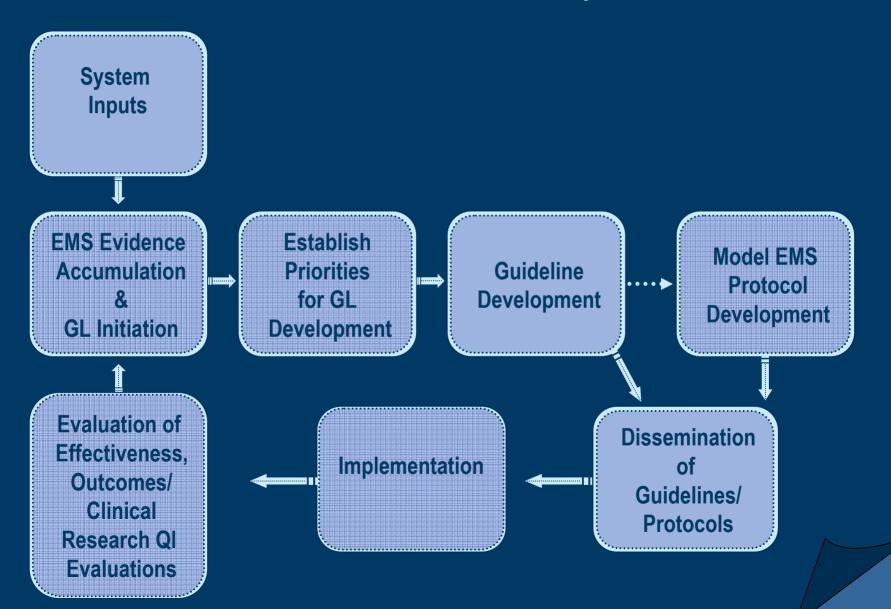
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Building the National Model

Where do we go from here?

Overall goal

- Well-defined, consistent national system for the development and dissemination of prehospital EMS evidence-based guidelines
 - Integrated with National EMS Scope of Practice Mode, National EMS Education Standards
 - Integrated into practice
 - Coordinated with Federal/national priorities
- Method of achieving goal is still "fluid"

Building the National Model

- Solicit input
 - SAEM
 - NEMSAC & FICEMS (June, 2009)
 - ■Discussion of model
 - Explore ways to increase stakeholder involvement
 - Modify draft model
 - Initiate development of long-term strategy
 - Early conversations with other Federal partners

Building the National Model

- Disseminating the draft model
 - Professional organizations
 - Presentations
 - Peer-reviewed literature
 - EMS trade publications
 - Publish proceedings of September 2008 conference

Building the National Model

- Research
 - Beta-test
 - New guideline/protocol development
 - Components of the model
 - Implementation strategies
 - Assessing the "model" and providing feedback
 - Do the guidelines make a difference in outcome?

Building the National Model

- Implementation
 - Evaluate lessons learned
 - Define ongoing, sustainable and consistent system.
 - Coordinated Federal and national effort
 - Integrate into practice of new EMS personnel
 - Modification of national EMS scope of practice model
 - Modification of national EMS education standards
 - Integration into practice of existing EMS personnel
 - Coordination with continuing education requirements of national EMS certification

Building the National Model

- Implementation
 - Financial sustainability
 - Federal incentives
 - Grants
 - Guidance language
 - Additional research
 - Private funding
 - Other alternatives
 - Explore other long-term strategies for organization and funding